



**Maine Department of the Secretary of State
Maine's Civil War History for Schools Program
Presentation Registration Form**

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| School Name: |
| Primary Contact Name(s): |
| Address: Phone: E-Mail Address: |
| Presentation Date Requested (Please provide two possible dates) and time presentation would begin: |
| Grade-level & group size: |
| Length of Time Available for Presentation: |
| Specific issues that the State Archivist should cover: |